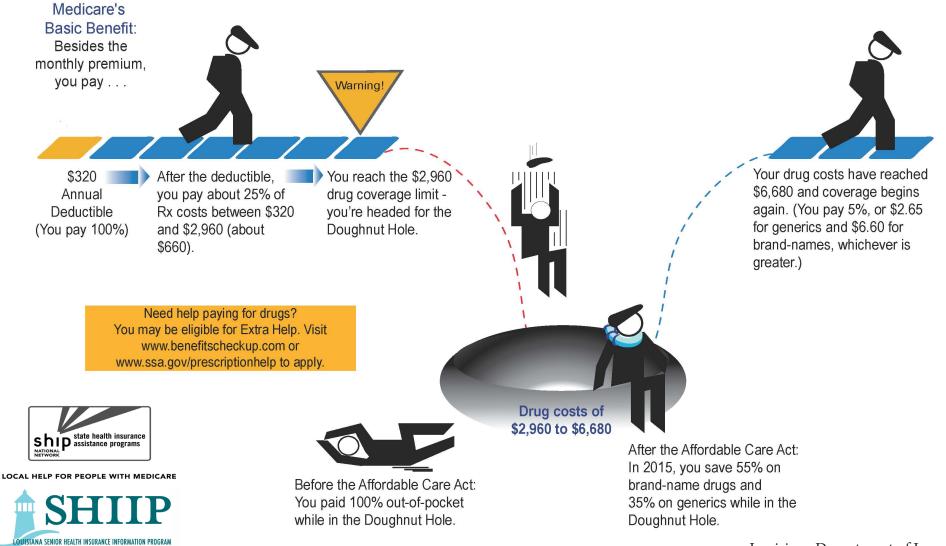
## **2015** Part D Standard Plan Cost-Sharing\*

Part D Benefit Cost Periods	Costs and Who Pays	Beneficiary Pays (TrOOP)	Plan Pays	Total Amount Spent on Plan-Covered Drugs
Initial Deductible	Beneficiary pays 100% for covered drugs.	Up to \$320	\$0	\$320 (Amount spent on deductible before ICP begins)
Initial Coverage Period (ICP)	Costs of covered drugs are shared: 25% by beneficiary, 75% by plan.	Up to \$660	\$1,980	\$2,640 (Amount spent during ICP before Coverage Gap begins)
Coverage Gap ("Donut Hole")	Discounts in 2015: Costs of plan-covered drugs are shared: Beneficiary pays 65% for generic drugs, 45% for brand-name drugs, plus a nominal pharmacy dispensing fee (approx. \$1-\$3). Plan pays 35% for generic drugs and 5% for brand-name drugs. Drug manufacturer provides 50% discount on brand-name drugs.  Important Note about TrOOP: The total amount spent in the Coverage Gap (up to \$3,720) includes: the drug costs paid by the beneficiary, and the 50% discount on brand-name drugs paid by the drug manufacturer.  Payments made by the plan during the Coverage Gap (35% on generics, 5% on brand-name drugs) do not count toward TrOOP.			Coverage Gap begins once reach the Initial Coverage Limit.  \$2,960 - Initial Coverage Limit (Total amount spent on any initial deductible and during the ICP).  Up to \$3,720 (Total amount spent during the Coverage Gap)  \$6,680 (Total amount spent during ICP and Coverage Gap, before Catastrophic Benefit Period begins)
Catastrophic Benefit Period	Costs of covered drugs are shared:  Beneficiary pays reduced copay/coinsurance; plan pays the difference.	Greater of: 5% coinsurance <i>OR</i> \$2.65 copay for generic, \$6.60 copay for brand or non-preferred.	Any remaining portion of the negotiated drug price.	Beneficiary will remain in the Catastrophic Benefit Period through Dec. 31, 2015. Part D benefit will reset on Jan. 1, 2016, starting again with a deductible.

<sup>\*</sup>Most Part D plans are <u>not</u> standard plans. This means calculating TrOOP (True Out-of-Pocket) costs during the deductible and Initial Coverage Limit periods for beneficiaries varies by plan.

Contact SHIIP at 1-800-259-5300

## MEDICARE PART D PRESCRIPTION DRUG BENEFIT IN 2015



Louisiana Department of Insurance

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